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Commissioner for Patents PO Box 1450

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## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of

Applicant (or identifier): JOSEPH MICHAEL LINDACHER

EL 983209425 US

Express Mail Label Number

OPHTALMIC LENS HAVING AN OPTICAL ZONE BLEND

**DESIGN** 

## Enclosed are:

Title:

| 1.    | ⊠ Specification (Including Claims and Abstract) - 24 pages  |
|-------|---|
| 2.    | □ Drawings - 2 sheets □ Drawing |
| 3.    | Executed Declaration and Power of Attorney (original or copy)   |
| 4.    | Microfiche Computer Program (appendix)  |
| 5.    | Nucleotide and/or Amino Acid Sequence Submission  |
|       | ☐ Computer Readable Copy  |
|       | ☐ Paper Copy  |
|       | Statement Verifying Identity of Above Copies  |
| 6.    | ☐ Preliminary Amendment   |
| 7.    | Assignment Papers (Cover Sheet & Document(s))   |
| 8.    | English Translation of  |
| 9.    |   |
| 10.   | □ Certified Copy of Priority Document(s)  |
| 11.   | Return Receipt Postcard   |
| 12.   | Other:  |
|       |   |
| Filin | g fee calculation:  |
|       | Defense a bouleties the filling for all and outside a colored Declinic on Assessment  |
| 님     | Before calculating the filing fee, please enter the enclosed Preliminary Amendment.   |
| 1 1   | Before calculating the filing fee please cancel claims  |

| Basic Filing Fee                      |                       |                 |     |                 |   |    |      |   |    | 770 |
|---------------------------------------|-----------------------|-----------------|-----|-----------------|---|----|------|---|----|-----|
| Multiple Dependent Claim Fee (\$ 290) |                       |                 |     |                 |   |    |      |   | \$ |     |
| Foreign Language Surcharge (\$ 900)   |                       |                 |     |                 |   |    |      |   | \$ |     |
|                                       | For                   | Number<br>Filed |     | Number<br>Extra |   |    | Rate |   |    |     |
| Extra<br>Claims                       | Total Claims          | 31              | -20 | 11              | x | \$ | 18   | = | \$ | 198 |
|                                       | Independent<br>Claims | 2               | -3  | 0               | х | \$ | 86   | = | \$ |     |
| TOTAL FILING FEE                      |                       |                 |     |                 |   |    |      |   |    | 968 |

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Date: January 28, 2004

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (678) 415-3068.

Respectfully submitted,

Jian Zhou

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